



UNIVERSITY OF WASHINGTON
DIVING MEDICAL HISTORY FORM
 ENVIRONMENTAL HEALTH & SAFETY

THIS IS A CONFIDENTIAL HEALTH HISTORY FORM

To be completed by Diving Applicant and presented to the evaluating physician at the time of the physical.

Name		Birth Date	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Weight	Height	Number Years SCUBA Diving		

TO THE APPLICANT:

SCUBA diving places considerable demands on you, both physically and mentally. Diving with certain medical conditions may place an additional risk to you and others coming to your aid if you experience difficulty in the water. Therefore, it is necessary to ensure certain medical and physical requirements are met before you may begin a diving or training program.

Your answers to the questions are important in determining your physical fitness during the physical examination. It is essential that you provide complete and accurate information.

HAVE YOU EVER HAD OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?			
	Yes	No	Comments
Trouble with your ears, including ruptured eardrum, difficulty clearing your ears, or surgery			
Trouble with dizziness			
Eye surgery			
Have you ever been claustrophobic in any situations?			
Have you ever had counseling or taken medication for depression?			
Have you ever had counseling or taken medication for anxiety?			
Do you suffer from panic attacks?			
Have you ever been diagnosed or taken medication for ADD or ADHD?			
Substance abuse, including alcohol			
Epilepsy or other seizures, convulsions, fits, or transient loss of consciousness			
Stroke or a fixed neurological deficit			
Recurring neurological disorders, including transient ischemic attacks			
Aneurysms or bleeding in the brain			
Decompression sickness or embolism			

HAVE YOU EVER HAD OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

	Yes	No	Comments
Head injury			
Loss of consciousness			
Disorders of the blood, or easy bleeding			
Have you ever had a blood clot?			
Heart disease			
High cholesterol			
Anatomical heart abnormalities including patent foramen ovale, valve problems, etc.			
Heart rhythm problems			
Need for a pacemaker			
During or after exercise, have you ever had any of the following: chest pain, shortness of breath, wheezing, passing out (loss of consciousness)?			
High blood pressure			
Collapsed lung			
Asthma			
Other lung disease			
Diabetes mellitus			
Pregnancy			
Have you had any major injuries?			
Surgery (<i>If yes, please explain in Comments.</i>)			
Hospitalizations. (<i>If yes, please explain in Comments.</i>)			
Do you take any medications regularly?			
Do you take any medications as needed?			
Do you have any allergies to medications, foods, and/or environmental factors? If yes, please explain in Comments.			
Do you smoke?			

HAVE YOU EVER HAD OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

	Yes	No	Comments
Is there a family history of high cholesterol?			
Is there a family history of heart disease or stroke?			
Is there a family history of diabetes?			
Is there a family history of asthma?			
Have you ever been involved in a diving accident, or had the Decompression Sickness or Arterial Gas Embolism?			
Disabling headaches (migraine)			
When driving through mountains or flying do you have trouble equalizing pressure in your ears or sinus?			
On your deepest dive what was your depth and time?			Depth:_____ Time:_____

Additional comments or explanations to above answers:

I certify that the above answers and information represent an accurate and complete description of my medical history.

Diving Applicant Signature: _____ Date: _____

Submit this form along with results of all tests to UW Employee Health Center (EHC) via email at emphlth@uw.edu or via fax at 206-221-5110. The UW EHC phone number is 206-685-1026.